## Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 1 of 59

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ■ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:               | Identify Yourself  |  |   |
|-----|---------------------|--|--|---|
|     |                     |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You                 | r full name  |  |   |
|     | Write               | e the name that is on  | Edgar                                    |   |
|     | pictu               | government-issued<br>ire identification (for<br>nple, your driver's                                    | First name                               | First name                                    |
|     |                     | se or passport).   | Middle name                              | Middle name                                   |
|     | Bring               | Bring your picture identification to your meeting with the trustee.                                    | Aranda                                   |   |
|     | iden                |  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |                     | other names you have   |  |   |
|     | Inclu               | ide your married or<br>den names.  |  |   |
| 3.  | youi<br>num<br>Indi | y the last 4 digits of<br>r Social Security<br>aber or federal<br>vidual Taxpayer<br>tification number | xxx-xx-4245                              |   |

Entered 01/05/16 15:12:42 Desc Main Page 2 of 59 Case 16-00173 Doc 1 Filed 01/05/16 Document

Debtor 1 Edgar Aranda

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|----|--|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |
| 5. | Where you live   | 5814 S. Kilbourn Ave.   | If Debtor 2 lives at a different address:   |  |  |
|    |  | Chicago, IL 60629  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code  |  |  |
|    |  | County  | County  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 3 of 59

Case number (if known) Debtor 1 Edgar Aranda

| Par | t 2: Tell the Court About   | Your E     | 3ankruptcy Ca                                       | ise  |  |  |                 |
|-----|---|------------|---|--|--|--|-----------------|
| 7.  | The chapter of the Bankruptcy Code you are  |            |   |  | of each, see <i>Notice Required by</i> page 1 and check the appropriate                                  | 11 U.S.C. § 342(b) for Individuals Filing for Bankrupto  | су              |
|     | choosing to file under  |            | Chapter 7   |  |  |  |                 |
|     |   |            | Chapter 11  |  |  |  |                 |
|     |   |            | Chapter 12  |  |  |  |                 |
|     |   | <b>■</b> C | Chapter 13  |  |  |  |                 |
| 3.  | How you will pay the fee  | •          | about how your order. If your a pre-printed         | ou may pay. Typi<br>attorney is subn<br>address.           | ically, if you are paying the fee yo<br>nitting your payment on your beha                                | with the clerk's office in your local court for more deurself, you may pay with cash, cashier's check, or malf, your attorney may pay with a credit card or check  | oney<br>with    |
|     |   |            |   |  | allments. If you choose this options (Official Form 103A).   | n, sign and attach the Application for Individuals to F  | <sup>o</sup> ay |
|     |   |            | I request that<br>but is not req<br>that applies to | at my fee be wai<br>uired to, waive y<br>o your family siz | ived (You may request this option your fee, and may do so only if you and you are unable to pay the form | only if you are filing for Chapter 7. By law, a judge nur income is less than 150% of the official poverty linge in installments). If you choose this option, you mu official Form 103B) and file it with your petition. | ie .            |
| ).  | Have you filed for bankruptcy within the  | ■ N        | 0.  |  |  |  |                 |
|     | last 8 years?   | □ Y        | es.   |  |  |  |                 |
|     |   |            | District  |  | When   | Case number  |                 |
|     |   |            | District  |  | When   | Case number  |                 |
|     |   |            | District  |  | When   | Case number  |                 |
| 10. | Are any bankruptcy cases pending or being   | ■ N        | 0   |  |  |  |                 |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye       | es.   |  |  |  |                 |
|     |   |            | Debtor  |  |  | Relationship to you  |                 |
|     |   |            | District  |  | When   | Case number, if known  |                 |
|     |   |            | Debtor  |  |  | Relationship to you  |                 |
|     |   |            | District  |  | When   | Case number, if known  |                 |
| 11. | Do you rent your  | □ N        | o. Go to I  | ine 12.  |  |  |                 |
|     | residence?  | <b>■</b> Y | es. Has yc  | our landlord obta  | ined an eviction judgment against  | you and do you want to stay in your residence?   |                 |
|     |   |            |   | No. Go to line 1   | 12.  |  |                 |
|     |   |            |   | Yes. Fill out <i>Init</i> bankruptcy peti                  |  | ludgment Against You (Form 101A) and file it with thi  | is              |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main

Document Page 4 of 59 Case number (if known) Debtor 1 Edgar Aranda Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Part 4: 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. What is the hazard? of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? immediate attention? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main

Debtor 1 Edgar Aranda Document Page 5 of 59 Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 6 of 59

Case number (if known) Debtor 1 **Edgar Aranda Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Do you estimate that ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1.000-5.000 1** 25.001-50.000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10.000.001 - \$50 million □ \$1.000.000.001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **□** \$100.001 - \$500.000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Edgar Aranda Signature of Debtor 2 **Edgar Aranda** Signature of Debtor 1 Executed on January 5, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 7 of 59

Debtor 1 Edgar Aranda Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Lia Kas     | sios                   | Date          | January 5, 2016        |
|-----------------|------------------------|---------------|------------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY         |
| 11.17.11.       |                        |               |                        |
| Lia Kasios      | 5                      |               |                        |
| Printed name    |                        |               |                        |
| Ledford, V      | Vu & Borges, LLC       |               |                        |
| Firm name       |                        |               |                        |
| 105 W. Ma       | ndison                 |               |                        |
| 23rd Floor      | r                      |               |                        |
| Chicago, I      | L 60602                |               |                        |
| Number, Street, | City, State & ZIP Code |               |                        |
|                 |                        |               |                        |
| Contact phone   | 312-853-0200           | Email address | notice@billbusters.com |
| 6306292         |                        |               |                        |
| Bar number & S  | tate                   |               |                        |

## Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main

|                     |                          | 17/1/11111        | .111 1 11111. () () () |  |
|---------------------|--------------------------|-------------------|------------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                        |  |
| Debtor 1            | Edgar Aranda             |                   |                        |  |
|                     | First Name               | Middle Name       | Last Name              |  |
| Debtor 2            |                          |                   |                        |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name              |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS            |  |
| Case number         |                          |                   |                        |  |
| (if known)          |                          |                   |                        |  |
|                     |                          |                   |                        |  |

### Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 11: Summarize Your Assets   |            |                          |
|-----|---|------------|--------------------------|
|     |   | Your a     | ssets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B  | \$         | 0.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$         | 2,359.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$         | 2,359.00                 |
| Par | 2: Summarize Your Liabilities   |            |                          |
|     |   |            | iabilities<br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$         | 130,491.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$         | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$         | 44,973.00                |
|     | Your total liabilities  | \$         | 175,464.00               |
| Par | 3: Summarize Your Income and Expenses   |            |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$         | 2,550.00                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$         | 2,230.00                 |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |            |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | ur other s | chedules.                |
| 7.  | Yes What kind of debt do you have?  |            |                          |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded a surgest "144 U.S.C. \$ 404(0). Fill publicate 9.00 for statistical purposes 20 U.S.C. \$ 450 | a persona  | l, family, or            |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 9 of 59

Debtor 1 Edgar Aranda Document Page 9 of 59
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,695.03

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| Francisco Part 4 and Only of the Edit State of the College of the | Total claim |      |
|---|-------------|------|
| From Part 4 on Schedule E/F, copy the following:  |             |      |
| 9a. Domestic support obligations (Copy line 6a.)  | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)  | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)  | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.  | \$          | 0.00 |

Case 16-00173 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main

|                                 | Case 10-00           | 113 00            | Documei                      |   | 10 13.12.42             | Desc i                 | viairi  |
|---------------------------------|----------------------|-------------------|------------------------------|---|-------------------------|------------------------|---|
| Fill in this in                 | formation to ide     | entify your cas   | se and this filing:          | III FAUE 10 01 33   |                         |                        |   |
| Debtor 1                        | Edgar A              | randa             |                              |   |                         |                        |   |
|                                 | First Name           |                   | Middle Name                  | Last Name   |                         |                        |   |
| Debtor 2<br>(Spouse, if filing) | First Name           |                   | Middle Name                  | Last Name   |                         |                        |   |
| United States                   | s Bankruptcy Cou     | rt for the: NO    | ORTHERN DISTRICT C           | OF ILLINOIS   |                         |                        |   |
| Cooo numbo                      |                      |                   |                              |   |                         | _                      |   |
| Case numbe                      |                      |                   |                              |   |                         |                        | Check if this is an amended filing                            |
|                                 |                      |                   |                              |   | ,                       |                        | -   |
| Official                        | Form 106/            | 4/B               |                              |   |                         |                        |   |
| _                               | ule A/B:             |                   | rtv                          |   |                         |                        | 12/15   |
|                                 |                      |                   |                              | ce. If an asset fits in more than one o   | category, list the asse | t in the cate          |   |
| t fits best. Be                 | as complete and a    | ccurate as poss   | sible. If two married people | e are filing together, both are equally<br>any additional pages, write your nam | y responsible for supp  | olying corre           | ct information. If  |
|                                 |                      |                   |                              |   |                         |                        | ioner every queenen   |
| Part 1: Desc                    | ribe Each Residend   | e, Building, La   | id, or Other Real Estate Y   | ou Own or Have an Interest In   |                         |                        |   |
| . Do you own                    | or have any legal of | or equitable inte | rest in any residence, bui   | ilding, land, or similar property?  |                         |                        |   |
| No. Go to                       | Part 2.              |                   |                              |   |                         |                        |   |
| ☐ Yes. Wh                       | ere is the property? |                   |                              |   |                         |                        |   |
| Part 2: Desc                    | ribe Your Vehicles   |                   |                              |   |                         |                        |   |
|                                 |                      |                   |                              |   |                         |                        |   |
|                                 |                      |                   |                              | nicles, whether they are register<br>the G: Executory Contracts and Ur          |                         | any vehicle            | es you own that   |
| 3. Cars, vans                   | s, trucks, tractor   | s, sport utility  | y vehicles, motorcycle       | es  |                         |                        |   |
| ■ No                            |                      |                   |                              |   |                         |                        |   |
| ☐ Yes                           |                      |                   |                              |   |                         |                        |   |
|                                 |                      |                   |                              |   |                         |                        |   |
|                                 |                      |                   |                              | al vehicles, other vehicles, and sels, snowmobiles, motorcycle ac               |                         |                        |   |
| ■ No                            |                      |                   |                              |   |                         |                        |   |
| □ Yes                           |                      |                   |                              |   |                         |                        |   |
|                                 |                      |                   |                              |   |                         |                        |   |
|                                 |                      |                   |                              |   | Г                       |                        |   |
|                                 |                      |                   |                              | tries from Part 2, including any  |                         |                        | \$0.00  |
|                                 |                      |                   |                              |   | L                       |                        |   |
|                                 | ribe Your Personal   |                   |                              |   |                         |                        |   |
| Do you own                      | or have any lega     | al or equitable   | e interest in any of the     | following items?  |                         | <b>portio</b><br>Do no | ent value of the on you own? It deduct secured or exemptions. |
|                                 | d goods and fur      |                   |                              |   |                         | Ciaiiii                | or exemptions.  |
| Examples<br>□ No                | : Major appliance    | s, turniture, lin | ens, china, kitchenware      | •   |                         |                        |   |
| Yes. D                          | escribe              |                   |                              |   |                         |                        |   |
|                                 |                      |                   |                              | d furnishings, including:  Sc<br>, Coffee Table, End Tables, l                  |                         |                        |   |
|                                 | 1                    | able/Chairs       | , Refrigerator, Stove        | e, Microwave, Dishwasher,<br>cuum, Coffee Maker, Bedroo                         |                         |                        |   |

Official Form 106A/B Schedule A/B: Property page 1

Sets, Lamps, Telephone, Misc. Tools

\$400.00

Document Page 11 of 59 . Case number (if known) Debtor 1 Edgar Aranda 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe..... Television, Computer, Printer, Tablet, Video-Game System, and \$900.00 Cell Phone. 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No Yes. Describe..... **Books & Family Pictures** \$50.00 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10 Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$300.00 Necessary Wearing Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1.650.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No

Official Form 106A/B Schedule A/B: Property page 2

Case 16-00173

Doc 1

Filed 01/05/16

Entered 01/05/16 15:12:42

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 12 of 59 Case number (if known) Debtor 1 Edgar Aranda \$3.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: ■ Yes..... \$706.00 Checking Bank of America 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ Yes. Give specific information about them...

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 13 of 59

Case number (if known) Debtor 1 Edgar Aranda Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$709.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Official Form 106A/B

Document Page 14 of 59 Case number (if known) Debtor 1 **Edgar Aranda** ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 ...... \$0.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 57. \$1,650.00 Part 4: Total financial assets, line 36 \$709.00 58. Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... Copy personal property total \$2,359.00 \$2,359.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$2,359.00

Entered 01/05/16 15:12:42

Desc Main

Official Form 106A/B Schedule A/B: Property page 5

Case 16-00173

Doc 1

Filed 01/05/16

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main

| Fill in this inform | nation to identify your | case:             |             |                       |
|---------------------|-------------------------|-------------------|-------------|-----------------------|
| Debtor 1            | Edgar Aranda            |                   |             |                       |
|                     | First Name              | Middle Name       | Last Name   |                       |
| Debtor 2            |                         |                   |             |                       |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name   |                       |
| United States Bar   | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                       |
| Case number         |                         |                   |             | ☐ Check if this is an |
| ,                   |                         |                   |             | amended filing        |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | y the Pro | perty | You | Claim | as Exem | pt |
|---------|----------|-----------|-------|-----|-------|---------|----|
|---------|----------|-----------|-------|-----|-------|---------|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property   | Current value of the portion you own | Am  | ount of the exemption you claim                                 | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| Misc used household goods and furnishings, including: Sofa,   | \$400.00                             | •   | \$400.00  | 735 ILCS 5/12-1001(b)              |
| Loveseat, Entertainment Center,<br>Coffee Table, End Tables, Dining<br>Table/Chairs, Refrigerator, Stove,<br>Microwave, Dishwasher, Pots/Pans,<br>Dishes/Flatware, Vacuum, Coffee<br>Maker, Bedroom Sets, Lamps, T<br>Line from Schedule A/B: 6.1 |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Television, Computer, Printer, Tablet, Video-Game System, and Cell Phone.   |                                      |     | \$900.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 7.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Books & Family Pictures Line from Schedule A/B: 8.1   | \$50.00                              |     | \$50.00   | 735 ILCS 5/12-1001(a)              |
| Line Holli Goriodale 775. GT  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Necessary Wearing Apparel Line from Schedule A/B: 11.1  | \$300.00                             |     | \$300.00  | 735 ILCS 5/12-1001(a)              |
| Line from Scriedule A/D. 11.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

Document Page 16 of 59 Debtor 1 Edgar Aranda Case number (if known) Brief description of the property and line on Schedule A/B that lists this property Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Copy the value from Check only one box for each exemption. Schedule A/B Cash 735 ILCS 5/12-1001(b) \$3.00 \$3.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking: Bank of America** 735 ILCS 5/12-1001(b) \$706.00 \$706.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit adjustment.)

Entered 01/05/16 15:12:42

Desc Main

Filed 01/05/16

| 3. | Are | you claiming a homestead exemption of more than \$155,675?  |
|----|-----|---|
|    | (Su | bject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustmen |
|    |     | No  |
|    |     | Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?      |

No Yes

Case 16-00173

Doc 1

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 17 of 59 Fill in this information to identify your case: Debtor 1 Edgar Aranda Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column B Column C Column A 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much Amount of claim Value of collateral Unsecured Do not deduct the that supports this portion value of collateral. claim If any Describe the property that secures the claim: Mtg Sol Colo/dovenmueh \$0.00 \$130,491.00 \$159,250.00 Creditor's Name 5814 S. Kilbourn, Chicago, IL 60629 As of the date you file, the claim is: Check all that 1 Corporate Dr Ste 360 apply. Lake Zurich, IL 60047 □ Contingent

as possible, list the claims in alphabetical order according to the creditor's name. Number, Street, City, State & Zip Code Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only ☐ An agreement you made (such as mortgage or secured Debtor 2 only ☐ Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit At least one of the debtors and another ☐ Check if this claim relates to a Mortgage Other (including a right to offset) community debt Opened 12/01/12 **Last Active** 3450 Date debt was incurred 11/30/15 Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$130,491.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$130,491.00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name Address

-NONE-

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main

|                                | ase 10-00175 L   | Document   |                       | 8 of 59                           | 42 Desc N                                    | nain                          |
|--------------------------------|--|--|-----------------------|-----------------------------------|--|-------------------------------|
| Fill in this info              | ormation to identify your                                    |  |                       |                                   |  |                               |
| Debtor 1                       | Edgar Aranda   |  |                       |                                   |  |                               |
|                                | First Name   | Middle Name  | Last Name             |                                   |  |                               |
| Debtor 2<br>Spouse if, filing) | First Name   | Middle Name  | Last Name             |                                   |  |                               |
|                                |  |  |                       |                                   |  |                               |
| nited States E                 | Bankruptcy Court for the:                                    | NORTHERN DISTRICT OF   | ILLINOIS              |                                   |  |                               |
| ase number                     |  |  |                       |                                   |  |                               |
| known)                         |  |  |                       |                                   |  | c if this is an<br>ded filing |
|                                |  |  |                       |                                   | ameni  | ueu ming                      |
| fficial Fo                     | rm 106E/F  |  |                       |                                   |  |                               |
| chedule                        | E/F: Creditors W   | ho Have Unsecure   | ed Claims             |                                   |  | 12/15                         |
| Creditors Who                  | Have Claims Secured by Pro<br>Page to this page. If you have | red Leases (Official Form 106G)  pperty. If more space is needed, e no information to report in a F              | copy the Part yo      | u need, fill it out, number the   | entries in the boxes                         | on the left. Attach           |
| art 1: List                    | All of Your PRIORITY Un                                      | secured Claims   |                       |                                   |  |                               |
| Do any cred                    | itors have priority unsecured                                | claims against you?  |                       |                                   |  |                               |
| No. Go to                      | Part 2.  |  |                       |                                   |  |                               |
| ☐ Yes.                         |  |  |                       |                                   |  |                               |
|                                | All of Your NONPRIORIT                                       |  |                       |                                   |  |                               |
|                                | itors have nonpriority unsecu                                |  |                       |                                   |  |                               |
| ☐ No. You h                    | nave nothing to report in this pa                            | art. Submit this form to the court w   | ith your other sche   | dules.                            |  |                               |
| Yes.                           |  |  |                       |                                   |  |                               |
| claim, list the                | creditor separately for each cl                              | ims in the alphabetical order of<br>aim. For each claim listed, identify<br>or creditors in Part 3.If you have m | what type of claim    | it is. Do not list claims already | included in Part 1. If the Continuation Page | more than one                 |
| .1 Aargo                       | on Collection Agency   | Last 4 digits of   | account number        | 0088                              |  | \$330.00                      |
| Nonprio                        | rity Creditor's Name   | When we the  | -h4 !10               | 0                                 |  | •                             |
|                                | West Sahara Ave<br>egas, NV 89102                            | When was the d   | ept incurred?         | Opened 10/01/15                   |  |                               |
|                                | Street City State Zlp Code                                   | As of the date y   | ou file, the claim    | s: Check all that apply           |  |                               |
| Who inc                        | curred the debt? Check one.                                  | ☐ Contingent   |                       |                                   |  |                               |
|                                | tor 1 only   | ☐ Unliquidated   |                       |                                   |  |                               |
|                                | tor 2 only   | ☐ Disputed   |                       |                                   |  |                               |
|                                | tor 1 and Debtor 2 only                                      | = = =  | IORITY unsecure       | d claim:                          |  |                               |
|                                | ast one of the debtors and ano                               | - Student loans  | 3                     |                                   |  |                               |
|                                | ck if this claim is for a comm<br>laim subject to offset?    | nunity debt  |                       | aration agreement or divorce tha  | t you did not                                |                               |
| ■ No                           |  | ☐ Debts to pens  | sion or profit-sharir | g plans, and other similar debts  |  |                               |
| ☐ Yes                          |  | Other. Specif  | v Collection          | <b>Attorney Six Flags Mer</b>     | mbership                                     |                               |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 19 of 59

Gase number (if know)

| Debtor | 1 Edgar Aranda  | ——————————————————————————————————————                        | Case number (if know)                        |            |
|--------|---|---|--|------------|
| 4.2    | American General Financial/Springleaf Fi Nonpriority Creditor's Name          | Last 4 digits of account number                               | 6585   | \$7,140.00 |
|        | Springleaf Financial/Attn:<br>Bankruptcy De<br>Po Box 3251                    | When was the debt incurred?                                   | Opened 7/01/15 Last Active 7/20/15           |            |
| -      | Evansville, IN 47731  Number Street City State Zlp Code                       | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|        | Who incurred the debt? Check one.   | ☐ Contingent  | ,  |            |
|        | ■ Debtor 1 only   | ☐ Unliquidated  |  |            |
|        | ☐ Debtor 2 only   | ☐ Disputed  |  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                 | l claim:                                     |            |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans   |  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |
|        | ■ No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
|        | Yes   | ■ Other. Specify Note Loan                                    |  |            |
| 4.3    | Avant Inc Nonpriority Creditor's Name   | Last 4 digits of account number                               | 1754   | \$3,306.00 |
|        | 640 N Lasalle St<br>Chicago, IL 60654   | When was the debt incurred?                                   | Opened 10/01/14 Last Active 7/17/15          |            |
| -      | Number Street City State Zlp Code   | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|        | Who incurred the debt? Check one.   | ☐ Contingent  |  |            |
|        | Debtor 1 only   | ☐ Unliquidated  |  |            |
|        | ☐ Debtor 2 only   | ☐ Disputed  |  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                 | l claim:                                     |            |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans   |  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not |            |
|        | ■ No  | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |
|        | Yes   | Other. Specify Unsecured                                      |  |            |
| 4.4    | Bby/cbna  | Last 4 digits of account number                               | 2113   | \$957.00   |
|        | Po Box 6497   | When was the debt incurred?                                   | Opened 1/01/13 Last Active 6/17/15           |            |
|        | Sioux Falls, SD 57117  Number Street City State Zlp Code                      | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|        | Who incurred the debt? Check one.   | ☐ Contingent  |  |            |
|        | Debtor 1 only   | ☐ Unliquidated  |  |            |
|        | Debtor 2 only   | ☐ Disputed  |  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                 | l claim:                                     |            |
|        | At least one of the debtors and another                                       | ☐ Student loans   |  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | report as priority claims                                     | ration agreement or divorce that you did not |            |
|        | ■ No  | Debts to pension or profit-sharing                            | g plans, and other similar debts             |            |
|        | Yes   | ■ Other. Specify Charge Ac                                    | count  |            |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 20 of 59
Case number (if know)

| Debto | r 1 <b>Edgar Aranda</b>   |  | Case number (if know)                        |            |
|-------|---|--|--|------------|
| 4.5   | Best Buy  | Last 4 digits of account number                                |  | \$2,000.00 |
|       | Nonpriority Creditor's Name C/O Arrow Financial Service 5996 W. Touhy Ave.    | When was the debt incurred?                                    |  |            |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                           | s: Check all that apply                      |            |
|       | Who incurred the debt? Check one.   |  | or o     |            |
|       | ■ Debtor 1 only   | Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|       | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
|       |   | ☐ Student loans  |  |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |            |
|       | No  | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
|       | ☐ Yes   | Other. Specify Due   | g plane, and early cirimal debte             |            |
|       |   |  |  |            |
| 4.6   | Cap1/bstby  | Last 4 digits of account number                                | 2721   | \$3,822.00 |
|       | Nonpriority Creditor's Name   |  | Opened 6/01/10 Last Active                   |            |
|       | 26525 N. Riverwoods Blvd.<br>Mettawa, IL 60045                                | When was the debt incurred?                                    | 7/28/15                                      |            |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                           | s: Check all that apply                      |            |
|       | Who incurred the debt? Check one.   | ☐ Contingent   |  |            |
|       | ■ Debtor 1 only   | ☐ Unliquidated   |  |            |
|       | Debtor 2 only   | ☐ Disputed   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
|       | ☐ At least one of the debtors and another                                     | ☐ Student loans  |  |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
|       | Yes   | ■ Other. Specify Charge Ac                                     | count  |            |
| 4.7   | Cap1/mnrds  | Last 4 digits of account number                                | 8623   | \$2,136.00 |
|       | Nonpriority Creditor's Name   |  | On an all 7/04/44   Last Astino              | <u> </u>   |
|       | Capital One Retail Services<br>Po Box 30285<br>Salt Lake City, UT 84130       | When was the debt incurred?                                    | Opened 7/01/11 Last Active 7/31/15           |            |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                           | s: Check all that apply                      |            |
|       | Who incurred the debt? Check one.   | П О  |  |            |
|       | Debtor 1 only   | Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured                      | l claim:                                     |            |
|       | ☐ At least one of the debtors and another                                     | Student loans  | a olumi.                                     |            |
|       | ☐ Check if this claim is for a community debt                                 | _  | ration agreement or divorce that you did not |            |
|       | Is the claim subject to offset?   | report as priority claims                                      | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
|       | Yes   | Other. Specify Charge Ac                                       | count  |            |
|       |   |  |  |            |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 21 of 59
Case number (if know)

| Debio | Lugai Arailua   |  | Case Humber (II know)                        |            |
|-------|---|--|--|------------|
| 4.8   | Capital One   | Last 4 digits of account number                              | 8379   | \$3,222.00 |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130      | When was the debt incurred?                                  | Opened 1/01/14 Last Active 7/14/15           |            |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|       | Who incurred the debt? Check one.   | ☐ Contingent   |  |            |
|       | Debtor 1 only   | ☐ Unliquidated   |  |            |
|       | Debtor 2 only   | ☐ Disputed   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                | l claim:                                     |            |
|       | At least one of the debtors and another   | ☐ Student loans  |  |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?           | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |
|       | No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|       | Yes   | Other. Specify Credit Card                                   | 1  |            |
| 4.9   | Capital One   | Last 4 digits of account number                              | 7252   | \$2,588.00 |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130      | When was the debt incurred?                                  | Opened 11/01/11 Last Active 6/22/15          |            |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|       | Who incurred the debt? Check one.   | ☐ Contingent   |  |            |
|       | ■ Debtor 1 only   | ☐ Unliquidated   |  |            |
|       | Debtor 2 only   | ☐ Disputed   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                | l claim:                                     |            |
|       | ☐ At least one of the debtors and another   | ☐ Student loans  |  |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?           | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|       | Yes   | Other. Specify Credit Card                                   | 1  |            |
| 4.10  | Chase Card Services   | Last 4 digits of account number                              | 0280   | \$1,261.00 |
|       | Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850 | When was the debt incurred?                                  | Opened 9/01/12 Last Active 6/28/15           |            |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|       | Who incurred the debt? Check one.   | ☐ Contingent   |  |            |
|       | ■ Debtor 1 only   | ☐ Unliquidated   |  |            |
|       | Debtor 2 only   | ☐ Disputed   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                | l claim:                                     |            |
|       | ☐ At least one of the debtors and another   | ☐ Student loans  |  |            |
|       | ☐ Check if this claim is for a community debt<br>Is the claim subject to offset?        | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|       | ☐ Yes   | ■ Other. Specify Credit Card                                 | d  |            |
|       |   |  |  |            |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 22 of 59
Case number (if know)

| Debtor | 1 Edgar Aranda   |  | Case number (if know)                        |            |
|--------|--|--|--|------------|
| 4.11   | Citibank/The Home Depot  | Last 4 digits of account number                              | 5673   | \$799.00   |
|        | Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Spiret Louis MO 62470 | When was the debt incurred?                                  | Opened 1/01/13 Last Active 7/22/15           |            |
|        | Saint Louis, MO 63179  Number Street City State Zlp Code   | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|        | Who incurred the debt? Check one.  | ☐ Contingent   |  |            |
|        | Debtor 1 only  | ☐ Unliquidated   |  |            |
|        | ☐ Debtor 2 only  | ☐ Disputed   |  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|        | ☐ At least one of the debtors and another  | ☐ Student loans  |  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?                            | _  | ration agreement or divorce that you did not |            |
|        | No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|        | Yes  | Other. Specify Charge Ac                                     | count  |            |
| 4.12   | Comenity Bank/express  | Last 4 digits of account number                              | 4665   | \$423.00   |
|        | Nonpriority Creditor's Name Po Box 182125 Columbus, OH 43218   | When was the debt incurred?                                  | Opened 6/01/14 Last Active 2/17/15           |            |
|        | Number Street City State Zlp Code  | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|        | Who incurred the debt? Check one.  | ☐ Contingent   |  |            |
|        | Debtor 1 only  | ☐ Unliquidated   |  |            |
|        | Debtor 2 only  | ☐ Disputed   |  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|        | ☐ At least one of the debtors and another  | ☐ Student loans  |  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?                            | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|        | No   | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
|        | Yes  | Other. Specify Charge Ac                                     | count  |            |
| 4.13   | Comenity Bank/Harlem Furniture Nonpriority Creditor's Name   | Last 4 digits of account number                              | 2949   | \$3,406.00 |
|        | Po Box 182125<br>Columbus, OH 43218  | When was the debt incurred?                                  | Opened 4/01/14 Last Active 7/12/15           |            |
|        | Number Street City State Zlp Code  | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|        | Who incurred the debt? Check one.  | ☐ Contingent   |  |            |
|        | ■ Debtor 1 only  | ☐ Unliquidated   |  |            |
|        | Debtor 2 only  | ☐ Disputed   |  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured                                | l claim:                                     |            |
|        | ☐ At least one of the debtors and another  | ☐ Student loans  |  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?                            | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|        | □Yes   | ■ Other. Specify Charge Ac                                   | count  |            |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 23 of 59

Debtor 1 Edgar Aranda Case number (if know) \$1,502.00 4.14 Comenity Bank/vctrssec Last 4 digits of account number 2935 Nonpriority Creditor's Name Opened 12/01/11 Last Active Po Box 182125 When was the debt incurred? 7/11/15 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.15 **Discover Financial** Last 4 digits of account number 3147 \$2,803.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 7/01/12 Last Active Po Box 3025 When was the debt incurred? 6/14/15 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify Credit Card ☐ Yes 4.16 **Dsnb Macys** Last 4 digits of account number 5251 \$465.00 Nonpriority Creditor's Name Opened 4/01/12 Last Active **Macys Bankruptcy Department** Po Box 8053 When was the debt incurred? 6/15/15 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 24 of 59
Case number (if know)

| Debtor | 1 Edgar Aranda  |  | Case number (if know)                        |          |
|--------|---|--|--|----------|
| 4.17   | Peoples Gas   | Last 4 digits of account number                              | 5812   | \$10.00  |
|        | Nonpriority Creditor's Name 200 E Randolph St 20th Floor Chicago, IL 60601    | When was the debt incurred?                                  | Opened 7/07/10 Last Active 5/02/14           |          |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i                         | s: Check all that apply                      |          |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |  |          |
|        | ■ Debtor 1 only   | ☐ Unliquidated   |  |          |
|        | Debtor 2 only   | ■ Disputed   |  |          |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                | d claim:                                     |          |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans  |  |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|        | ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |          |
|        | Yes   | Other. Specify Agriculture                                   |  |          |
| 4.18   | Syncb/toysrus Nonpriority Creditor's Name                                     | Last 4 digits of account number                              | 1099   | \$314.00 |
|        | Attn: Bankrupty<br>Po Box 103104  | When was the debt incurred?                                  | Opened 2/01/15 Last Active 6/15/15           |          |
|        | Roswell, GA 30076  Number Street City State Zlp Code                          | As of the date you file, the claim i                         | s. Check all that apply                      |          |
|        | Who incurred the debt? Check one.   | _  | or onest an unat apply                       |          |
|        | ■ Debtor 1 only   | Contingent   |  |          |
|        | Debtor 2 only   | Unliquidated   |  |          |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   | Lalaine                                      |          |
|        | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured  Student loans                 | i ciaim:                                     |          |
|        | ☐ Check if this claim is for a community debt                                 |  | ration agreement or divorce that you did not |          |
|        | Is the claim subject to offset?   | report as priority claims                                    | ration agreement or divorce that you did not |          |
|        | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|        | Yes   | Other. Specify Charge Ac                                     | count  |          |
| 4.19   | Synchrony Bank/ JC Penneys  | Last 4 digits of account number                              | 4619   | \$977.00 |
|        | Nonpriority Creditor's Name Attn: Bankrupty Po Box 103104                     | When was the debt incurred?                                  | Opened 3/01/11 Last Active 8/09/15           |          |
|        | Roswell, GA 30076  Number Street City State Zlp Code                          | As of the date you file, the claim i                         | s: Check all that apply                      |          |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |  |          |
|        | Debtor 1 only   | ☐ Unliquidated   |  |          |
|        | Debtor 2 only   | ☐ Disputed   |  |          |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                |  |          |
|        | At least one of the debtors and another                                       | ☐ Student loans  |  |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | report as priority claims                                    | ration agreement or divorce that you did not |          |
|        | ■ No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |          |
|        | ☐ Yes   | Other. Specify Charge Ac                                     | count  |          |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 25 of 59

Debtor 1 Edgar Aranda Case number (if know) \$440.00 4.20 Synchrony Bank/Amazon Last 4 digits of account number 8926 Nonpriority Creditor's Name Attn: Bankruptcy Opened 5/01/15 Last Active Po Box 103104 When was the debt incurred? 11/12/15 Roswell, GA 30076 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.21 \$731.00 Synchrony Bank/Pep Boys Last 4 digits of account number 6137 Nonpriority Creditor's Name Opened 9/01/11 Last Active Attn: Bankruptcy Po Box 103104 When was the debt incurred? 6/07/15 Roswell, GA 30076 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.22 Synchrony Bank/Sams \$2,108.00 Last 4 digits of account number 1114 Nonpriority Creditor's Name Attn: Bankruptcy Opened 3/01/12 Last Active Po Box 103104 When was the debt incurred? 7/12/15 Roswell, GA 30076 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 26 of 59
Case number (if know)

| Debtor                | 1 Edgar Aranda  |   | Case number (if know)  |                           |
|-----------------------|---|---|--|---------------------------|
| 4.23                  | Synchrony Bank/Walmart  | Last 4 digits of account number   | 8895   | \$2,892.00                |
|                       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 103104 Roswell, GA 30076  | When was the debt incurred?   | Opened 8/01/11 Last Active 6/07/15   |                           |
|                       | Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all that apply   |                           |
|                       | Who incurred the debt? Check one.   | ☐ Contingent  |  |                           |
|                       | Debtor 1 only   | ☐ Unliquidated  |  |                           |
|                       | Debtor 2 only   | ☐ Disputed  |  |                           |
|                       | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure  | ed claim:  |                           |
|                       | At least one of the debtors and another   | ☐ Student loans   |  |                           |
|                       | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | Obligations arising out of a sepreport as priority claims                             | paration agreement or divorce that you did not   |                           |
|                       | ■ No  | Debts to pension or profit-shar   | ing plans, and other similar debts   |                           |
|                       | Yes   | Other. Specify Charge A   | ccount   |                           |
| 4.24                  | Turner Acceptance Crp   | Last 4 digits of account number   | 8440   | \$1,341.00                |
|                       | Nonpriority Creditor's Name  5900 W Howard St Skokie, IL 60077  | When was the debt incurred?   | Opened 3/01/15 Last Active 6/26/15   |                           |
| -                     | Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all that apply   |                           |
|                       | Who incurred the debt? Check one.   | ☐ Contingent  |  |                           |
|                       | Debtor 1 only   | ☐ Unliquidated  |  |                           |
|                       | Debtor 2 only   | ☐ Disputed  |  |                           |
|                       | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure  | ed claim:  |                           |
|                       | $\square$ At least one of the debtors and another   | ☐ Student loans   |  |                           |
|                       | $\hfill\square$ Check if this claim is for a community debt   | Obligations arising out of a sep  | paration agreement or divorce that you did not   |                           |
|                       | Is the claim subject to offset?   | report as priority claims   |  |                           |
|                       | No  | Debts to pension or profit-shar   | ing plans, and other similar debts   |                           |
|                       | Yes   | Other. Specify Unsecure   | d  |                           |
| Part 3:               | List Others to Be Notified About a Deb  | t That You Already Listed   |  |                           |
| trying<br>more t      | s page only if you have others to be notified about to collect from you for a debt you owe to some of han one creditor for any of the debts that you list bts in Parts 1 or 2, do not fill out or submit this | ne else, list the original creditor in P<br>sted in Parts 1 or 2, list the additional | arts 1 or 2, then list the collection agency here  | e. Similarly, if you have |
| Name an <b>Best B</b> |   | On which entry in Part 1 or Part 2 did yo ine <b>4.6</b> of ( <i>Check one</i> ):     |  |                           |
|                       | x 80045   |   | <ul><li>□ Part 1: Creditors with Priority Unsecured Clair</li><li>■ Part 2: Creditors with Nonpriority Unsecured 0</li></ul> |                           |
| Salina                | s, CA 93912   | ast 4 digits of account number  | Part 2: Creditors with Nonpriority Unsecured C   | Jaims                     |
| Name an               | nd Address C  | On which entry in Part 1 or Part 2 did yo   | u list the original creditor?  |                           |
|                       |   |   | ☐ Part 1: Creditors with Priority Unsecured Clair  | ms                        |
|                       | x 6492  |   | Part 2: Creditors with Nonpriority Unsecured (   | Claims                    |
| Carol                 | Stream, IL 60197-6492   | ast 4 digits of account number  |  |                           |
|                       |   | On which entry in Part 1 or Part 2 did yo   |  |                           |
|                       |   |   | Part 1: Creditors with Priority Unsecured Clair  |                           |
|                       | x 15523<br>ngton, DE 19850  |   | Part 2: Creditors with Nonpriority Unsecured (   | Claims                    |
| 2                     |   | ast 4 digits of account number  |  |                           |
| Name an               | nd Address C  | On which entry in Part 1 or Part 2 did yo   | u list the original creditor?  |                           |
| <b>JCPen</b>          | ny/GECRB  |   | Part 1: Creditors with Priority Unsecured Clair  | ms                        |
|                       | x 960090  |   | Part 2: Creditors with Nonpriority Unsecured 0   | Claims                    |
| Oriano                | lo, FL 32896  | ast 4 digits of account number  |  |                           |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 27 of 59

| Debtor 1 Edgar Aranda  | Document F  | Page 27 of 59 Case number (if know)   |
|--|---|---|
| Name and Address Menards P.O. Box 17602 Baltimore, MD 21297  | On which entry in Part 1 or Pa<br>Line <u>4.7</u> of ( <i>Check one</i> ):  | rt 2 did you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Name and Address Sams Club P.O. Box 981400 EI Paso, TX 79998   | On which entry in Part 1 or Pa<br>Line <u>4.22</u> of ( <i>Check one</i> ): | rt 2 did you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Six Flags Great America Membership Hank Salemi, Park President 542 N. Route 21 Gurnee, IL 60031 | On which entry in Part 1 or Pa<br>Line 4.1 of ( <i>Check one</i> ):         | rt 2 did you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address The Home Depot P.O. Box 105980 Dept. 51 Atlanta, GA 30353-5980                                  | On which entry in Part 1 or Pa<br>Line 4.11 of (Check one):                 | rt 2 did you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address The Room Place P.O.Box 659704 San Antonio, TX 78265   | On which entry in Part 1 or Pa<br>Line <u>4.13</u> of ( <i>Check one</i> ): | rt 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |
| Name and Address Toys R Us P.O. Box 590 Montvale, NJ 07645-0590  | On which entry in Part 1 or Pa<br>Line <u>4.18</u> of ( <i>Check one</i> ): | rt 2 did you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Name and Address<br>Victoria Secret<br>PO Box 2036<br>Warren, MI 48090   | On which entry in Part 1 or Pa<br>Line <u>4.14</u> of ( <i>Check one</i> ): | rt 2 did you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Name and Address WALMART P.O. BOX 960023 ORLANDO, FL 32896   | Line 4.23 of (Check one):  Last 4 digits of account number                  | rt 2 did you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total claims from Part 1  6a. Domestic support obligations  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6d. Other. Add all other priority unsecured claims. Write that amount here.  6e. Total. Add lines 6a through 6d.  6e. \$ 0.00  6o. \$ 0.00  6o. \$ 0.00 |              |     |   |     | Total claim |      |
|---|--------------|-----|---|-----|-------------|------|
| from Part 1  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$  0.00  0.00  |              | 6a. | Domestic support obligations  | 6a. | \$          | 0.00 |
| 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00  6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.00   |              |     |   |     | _           |      |
| 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.00   | from Part 1  | 6b. | laxes and certain other debts you owe the government                    | 6b. | \$          | 0.00 |
|   |              | 6c. | Claims for death or personal injury while you were intoxicated          | 6c. | \$          | 0.00 |
| 6e. <b>Total.</b> Add lines 6a through 6d. 6e. \$   |              | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$          | 0.00 |
|   |              | 6e. | <b>Total.</b> Add lines 6a through 6d.                                  | 6e. | \$          | 0.00 |
| Total Claim 6f. Student loans 6f. \$ 0.00   |              | C4  | Chindon's Loans   | C4  |             | 0.00 |
| 6f. Student loans 6f. \$ 0.00   | Total claims | OI. | Student loans   | OI. | <b>&gt;</b> | 0.00 |
| from Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. \$ 0.00   |              | 6g. | , , ,   | 6g. | \$          | 0.00 |
| 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$  |              | 6h. | Debts to pension or profit-sharing plans, and other similar debts       | 6h. | \$          |      |

Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Case 16-00173 Document

Page 28 of 59 Case number (if know) Debtor 1 Edgar Aranda

> 0.00 Other. Add all other nonpriority unsecured claims. Write that amount here. 6i. 44,973.00

Total. Add lines 6f through 6i. 44,973.00 Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | h whom you have the cer, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | <del>_</del>                            |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.3 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | - L       | 0, ,         |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Hamo      |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
|     |           |              | 2   |                   |   |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main

|                                     |  | Documen  | <u>t Page 30 of 5</u>                                  | 9  |                                    |
|-------------------------------------|--|--|--|--|------------------------------------|
| Fill in thi                         | s information to identify your   | case:  |  |  |                                    |
| Debtor 1                            | Edgar Aranda   |  |  |  |                                    |
|                                     | First Name   | Middle Name  | Last Name  |  |                                    |
| Debtor 2<br>(Spouse if, f           | ling) First Name   | Middle Name  | Last Name  |  |                                    |
| United St                           | ates Bankruptcy Court for the:   | NORTHERN DISTRICT C  | F ILLINOIS   |  |                                    |
| Case nur<br>(if known)              | nber   |  |  |  | Check if this is an amended filing |
|                                     | al Form 106H<br>dule H: Your Code  | ebtors   |  |  | 12/15                              |
| people ar<br>ill it out,<br>our nam | s are people or entities who are efiling together, both are equand number the entries in the e and case number (if known) by you have any codebtors? (If you | ally responsible for supply<br>boxes on the left. Attach t<br>. Answer every question. | ring correct information.<br>the Additional Page to th | . If more space is needed, c<br>his page. On the top of any <i>i</i>             | opy the Additional Page,           |
| □ No<br>■ Ye                        |  |  |  |  |                                    |
|                                     | thin the last 8 years, have you<br>na, California, Idaho, Louisiana,   |  |  |  | nd territories include             |
| ■ No                                | o. Go to line 3.   |  |  |  |                                    |
| □ Ye                                | es. Did your spouse, former spou   | use, or legal equivalent live v  | with you at the time?                                  |  |                                    |
| in lin<br>Form                      | olumn 1, list all of your codebt<br>e 2 again as a codebtor only i<br>n 106D), Schedule E/F (Official<br>at Column 2.  | f that person is a guaranto  | or or cosigner. Make sur                               | e you have listed the credit   | or on Schedule D (Officia          |
|                                     | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI  | P Code   |  | Column 2: The creditor to v<br>Check all schedules that app                      | •                                  |
| 3.1                                 | Rene Aranda<br>5814 S. Kilbourn<br>Chicago, IL 60629   |  |  | ■ Schedule D, line 2.0 □ Schedule E/F, line □ Schedule G □ Mtg Sol Colo/dovenmue | _                                  |

Schedule H: Your Codebtors

# Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 31 of 59

| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest page with information about additional employers.    Part 1:   | Fill               | in this information to identify your o   | case:   |                       |                                |                     |                   |                            |                   |                        |                             |                    |
|---|--------------------|--|---|-----------------------|--------------------------------|---------------------|-------------------|----------------------------|-------------------|------------------------|-----------------------------|--------------------|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number (If known)  Official Form 106  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse. If more space is need attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every ques  Part 1: Describe Employment  1. Fill in your employment  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  737 N. Michigan Ave.  Chicago, IL.  How long employed there?  4 years  "See Attachment for Additional Employment Information  Fart 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  Por Debtor 1 For Debtor 1 For Debtor 2 or non-filing spouse unless you are separated.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,560.00 \$ N/A  | Deb                | otor 1 Edgar Aran  | da  |                       |                                |                     |                   |                            |                   |                        |                             |                    |
| Case number (If hocwer)  Official Form 106l  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every quest page with information about additional employers.  Describe Employment  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Server  Debtor 1  Debtor 2 or non-filing spouse  Employer's name  Employer's name  Employer's address  737 N. Michigan Ave.  Chicago, IL  How long employed there?  4 years  See Attachment for Additional Employment Information  Fat 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you non-ore space, attach a separate sheet to this form.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$2,560.00\$  \$ N/A  Stimate and list monthly overtime pay.   |                    |  |   |                       |                                |                     | _                 |                            |                   |                        |                             |                    |
| Official Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse Is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questing the properties of the  | Uni                | ted States Bankruptcy Court for the  | e: NORTHERN DISTRIC   | T OF IL               | LINOIS                         |                     |                   |                            |                   |                        |                             |                    |
| Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest part 1:  Describe Employment Include part-time, seasonal, or self-employed work.  Occupation  Employer's name Debtor 1  Debtor 2 or non-filing spouse  Employed Not employer Server  Employer's name Employer's name Neiman Marcus  737 N. Michigan Ave. Chicago, IL  How long employed there?  4 years  *See Attachment for Additional Employment Information  Fart 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,560.00 \$ N/A             |                    |  |   |                       |                                |                     |                   | ☐ An am<br>☐ A supp        | ended             | nt showin              |                             |                    |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate sheet to this form.    Debtor 1   | O                  | fficial Form 106I  |   |                       |                                |                     |                   |                            |                   |                        | ollowing date:              | :                  |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. It more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Server  Employed  Not employed   |                    |  | ome   |                       |                                |                     |                   | MIM / L                    | י ץ /טכ           | YYY                    |                             | 12/15              |
| If you have more than one job, attach a separate page with information about additional employers.  Occupation  Server  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  Tay N. Michigan Ave. Chicago, IL  How long employed there?  4 years  See Attachment for Additional Employment Information  Fart 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.  If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you not more space, attach a separate sheet to this form.  List monthly gross wages, salary, and commissions (before all payroll 2. \$ 2,560.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  | sup<br>spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. | i are married and not filli<br>ur spouse is not filing wi<br>On the top of any additi | ng jointl<br>ith you, | y, and your s<br>do not includ | oouse i<br>e infori | is livir<br>matio | ng with you<br>n about you | , inclu<br>ır spo | ide infor<br>use. If m | mation abou<br>ore space is | it your<br>needed, |
| If you have more than one job, attach a separate page with information about additional employers.  Occupation  Server  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Description of the paid   | 1.                 |  |   | Debto                 | r 1                            |                     |                   | Deb                        | tor 2             | or non-fi              | ling spouse                 |                    |
| Include part-time, seasonal, or self-employed work.  Occupation Server  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address 737 N. Michigan Ave. Chicago, IL  How long employed there?  4 years  *See Attachment for Additional Employment Information  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. +\$ 0.00 +\$ N/A  N/A  |                    | If you have more than one job,   | Employment status*  | ■ Employed            |                                |                     |                   | ☐ Employed                 |                   |                        |                             |                    |
| Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address 737 N. Michigan Ave. Chicago, IL  How long employed there?  4 years  *See Attachment for Additional Employment Information  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you not more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,560.00 \$ N/A  3. Estimate and list monthly overtime pay.   |                    | information about additional   | Employment status   | ☐ Not employed        |                                |                     |                   | ☐ Not employed             |                   |                        |                             |                    |
| Self-employed work.  Occupation may include student or homemaker, if it applies.  How long employed there?  4 years  *See Attachment for Additional Employment Information  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you not more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  Neiman Marcus  737 N. Michigan Ave.  Chicago, IL  4 years  *See Attachment for Additional Employment Information  For Debtor 1 for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  For Debtor 1  For Debtor 2 or non-filing spouse  2. \$ 2,560.00 \$ N/A   |                    |  | Occupation  | Server                |                                |                     |                   |                            |                   |                        |                             |                    |
| How long employed there?  4 years  *See Attachment for Additional Employment Information  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you not more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   |                    |  | Employer's name   | Neim                  | an Marcus                      |                     |                   |                            |                   |                        |                             |                    |
| *See Attachment for Additional Employment Information  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you not more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$  |                    |  | Employer's address  |                       |                                | Ave.                |                   |                            |                   |                        |                             |                    |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you not more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,560.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  |                    |  | How long employed the   | nere?                 | 4 years                        |                     |                   |                            |                   |                        |                             |                    |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you not more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,560.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  |                    |  |   |                       | *See Attac                     | hment               | for A             | dditional Er               | nploy             | ment Info              | ormation                    |                    |
| If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you not more space, attach a separate sheet to this form.    For Debtor 1   For Debtor 2 or non-filing spouse  | Par                | Give Details About Mo  | nthly Income  |                       |                                |                     |                   |                            |                   |                        |                             |                    |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.   |                    |  | date you file this form. If   | you have              | e nothing to re                | oort for            | any lir           | ne, write \$0 i            | in the            | space. In              | clude your no               | on-filing          |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,560.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   | If yo              | u or your non-filing spouse have me space, attach a separate sheet to                                  | ore than one employer, control this form.   | ombine tl             | ne information                 | for all e           | employ            | ers for that               | perso             | n on the I             | ines below. If              | f you need         |
| <ol> <li>deductions). If not paid monthly, calculate what the monthly wage would be.</li> <li>\$ 2,560.00 \$ N/A</li> <li>Estimate and list monthly overtime pay.</li> <li>\$ 0.00 +\$ N/A</li> </ol>   |                    |  |   |                       |                                |                     | F                 | For Debtor 1               | 1                 |                        |                             |                    |
|   | 2.                 |  |   |                       |                                | 2.                  | \$_               | 2,560                      | .00               | \$                     | N/A                         |                    |
| 4. Calculate gross Income. Add line 2 + line 3. 4. \$\bigs\ \bigs\ | 3.                 | Estimate and list monthly over   | time pay.   |                       |                                | 3.                  | +\$_              | 0.                         | .00               | +\$                    | N/A                         | =                  |
|   | 4.                 | Calculate gross Income. Add li   | ne 2 + line 3.  |                       |                                | 4.                  | \$_               | 2,560.00                   | )                 | \$                     | N/A                         |                    |

Official Form 106I Schedule I: Your Income page 1

# Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 32 of 59

| Debt | or 1          | Edgar Aranda   |            | Ca   | ase number (if known) |                  |                     |              |                    |
|------|---------------|--|------------|------|-----------------------|------------------|---------------------|--------------|--------------------|
|      |               |  |            |      | For Debtor 1          | non              | Debtor<br>-filing s | spouse       | _                  |
|      | Cop           | y line 4 here  | 4.         | \$   | 2,560.00              | . \$_            |                     | N/A          | <u>\</u>           |
| 5.   | List          | all payroll deductions:  |            |      |                       |                  |                     |              |                    |
|      | 5a.           | Tax, Medicare, and Social Security deductions  | 5a.        | \$   | 385.00                | \$               |                     | N/A          | <u>\</u>           |
|      | 5b.           | Mandatory contributions for retirement plans   | 5b.        |      |                       | . \$             |                     | N/A          |                    |
|      | 5c.           | Voluntary contributions for retirement plans   | 5c.        |      |                       | \$_              |                     | N/A          | _                  |
|      | 5d.<br>5e.    | Required repayments of retirement fund loans Insurance   | 5d.<br>5e. |      |                       | * * <u>*</u>     |                     | N/A<br>N/A   | _                  |
|      | 5f.           | Domestic support obligations   | 5f.        | 9    |                       | * <del>*</del> - |                     | N/A          | _                  |
|      | 5g.           | Union dues   | 5g.        |      |                       | \$               |                     | N/A          | _                  |
|      | 5h.           | Other deductions. Specify:   | 5h.        | + \$ | 0.00                  | + \$             |                     | N/A          | <u>\</u>           |
| 6.   | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$   | 385.00                | \$               |                     | N/A          | <u>\</u>           |
| 7.   | Cal           | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$   | 2,175.00              | . \$             |                     | N/A          | <u>\</u>           |
| 8.   | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.        | 9    | 0.00                  | ¢                |                     | N/A          |                    |
|      | 8b.           | Interest and dividends   | 8b.        |      |                       | *                |                     | N/A          |                    |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | \$   |                       | \$               |                     | N/A          | _                  |
|      | 8d.           | Unemployment compensation  | 8d.        | \$   |                       | \$               |                     | N/A          |                    |
|      | 8e.           | Social Security  | 8e.        | \$   | 0.00                  | \$               |                     | N/A          | <u>\</u>           |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  | e<br>8f.   | \$   |                       | \$               |                     | N/A          | <u>\</u>           |
|      | 8g.           | Pension or retirement income   | 8g.        |      |                       | . \$             |                     | N/A          | _                  |
|      | 8h.           | Other monthly income. Specify: Second Job  | _ 8h.      | + \$ | 375.00                | + \$_            |                     | N/A          | <u>\</u>           |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$   | 375.00                | \$               |                     | N/           | Ά                  |
| 10.  | Cal           | culate monthly income. Add line 7 + line 9.  | 10.        | £    | 2,550.00 + \$         |                  | N/A                 | = \$         | 2,550.00           |
|      |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            |      | 2,330.00              |                  | 11//                |              | 2,000.00           |
| 11.  | Stat<br>Incli | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your principle or relatives.  In the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contributions to the expenses that you list in Schedule under the contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule under the contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule under the contributions from an unmarried partner, members of your household, your principle of the expenses that you list in Schedule under the contributions from an unmarried partner, members of your household, your principle of the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the contribution of the expenses that you list in Schedule under the | depe       |      |                       |                  |                     | le J.<br>+\$ | 0.00               |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes   |            |      |                       |                  | e.<br>12.           | \$           | 2,550.00           |
| 13.  | Do :          | you expect an increase or decrease within the year after you file this form  | ?          |      |                       |                  |                     | Combi        | ined<br>Ily income |
|      |               | No.  |            |      |                       |                  |                     |              |                    |

Official Form 106I Schedule I: Your Income page 2

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 33 of 59

| Debtor 1 Edgar Aranda C | Case number (if known) |
|-------------------------|------------------------|
|-------------------------|------------------------|

## Official Form B 6I Attachment for Additional Employment Information

| Debtor              |                    |  |
|---------------------|--------------------|--|
| Occupation          | Driver             |  |
| Name of Employer    | Uber               |  |
| How long employed   | 1 month            |  |
| Address of Employer | 5814 Kilbourn Ave. |  |
|                     | Chicago, IL 60629  |  |

Official Form 106I Schedule I: Your Income page 3

# Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 34 of 59

| Fill in | this informa               | ation to identify ye                  | our case:              |   |                       |              |                   |  |
|---------|----------------------------|---------------------------------------|------------------------|---|-----------------------|--------------|-------------------|--|
| Debto   | r 1                        | Edgar Arand                           | la                     |   |                       |              | k if this is:     |  |
| Debto   | ar 2                       |                                       |                        |   |                       |              | An amended filing | wing postpetition chapter                              |
|         | ise, if filing)            |                                       |                        |   |                       | _            |                   | the following date:                                    |
| United  | d States Bankr             | uptcy Court for the:                  | NORTH                  | IERN DISTRICT OF ILLIN                                      | IOIS                  | _            | MM / DD / YYYY    |  |
|         |                            |                                       |                        |   |                       |              |                   |  |
| (If kno | number<br>own)             |                                       |                        |   |                       |              |                   |  |
| Off     | icial Fo                   | rm 106J                               |                        |   |                       |              |                   |  |
| Sc      | hedule                     | J: Your                               | Exper                  | nses  |                       |              |                   | 12/15  |
| Be as   | s complete mation. If m    | and accurate as                       | possible<br>eded, atta | . If two married people a<br>ach another sheet to this      |                       |              |                   |  |
| Part 1  | 1: Descr<br>Is this a joir | ibe Your House                        | hold                   |   |                       |              |                   |  |
|         | No. Go to                  |                                       |                        |   |                       |              |                   |  |
|         |                            |                                       | in a separ             | ate household?  |                       |              |                   |  |
|         |                            |                                       |                        |   |                       |              |                   |  |
|         |                            |                                       | st file Offic          | ial Form 106J-2, Expense                                    | s for Separate Hous   | ehold of Deb | tor 2.            |  |
| 2.      | Do you have                | e dependents?                         | □ No                   |   |                       |              |                   |  |
|         | Do not list D              | •                                     | ■ Yes.                 | Fill out this information for                               | Dependent's relati    | onship to    | Dependent's       | Does dependent   |
|         | and Debtor 2               |                                       | ■ Yes.                 | each dependent  | Debtor 1 or Debtor    |              | age               | live with you?   |
|         | Do not state               | the                                   |                        |   |                       |              |                   | □ No   |
| •       | dependents                 | names.                                |                        |   | Son                   |              | 05                | Yes  |
|         |                            |                                       |                        |   | Figness               |              | 21                | □ No   |
|         |                            |                                       |                        |   | Fiancee               |              |                   | ■ Yes<br>□ No  |
|         |                            |                                       |                        |   |                       |              |                   | □ No<br>□ Yes  |
|         |                            |                                       |                        |   |                       |              |                   | □ No   |
|         |                            |                                       |                        |   |                       |              |                   | ☐ Yes  |
|         |                            | enses include                         |                        | No  |                       |              |                   | 00   |
|         |                            | f people other t<br>d your depende    | han $_{\square}$       | Yes   |                       |              |                   |  |
|         | yoursen and                | a your depende                        | nts?                   |   |                       |              |                   |  |
| Part 2  |                            | ate Your Ongoi                        |                        |   |                       |              |                   |  |
| expe    |                            |                                       |                        | uptcy filing date unless y<br>by is filed. If this is a sup |                       |              |                   | apter 13 case to report<br>of the form and fill in the |
|         |                            |                                       |                        | government assistance cluded it on Schedule I:              |                       |              |                   |  |
| (Offic  | cial Form 10               | 061.)                                 |                        |   |                       |              | Your exp          | enses  |
|         |                            | or home owners<br>and any rent for th |                        | nses for your residence.<br>or lot.                         | Include first mortgag | je<br>4. \$  |                   | 500.00   |
| 1       | If not includ              | led in line 4:                        |                        |   |                       |              |                   |  |
|         | 4a. Real e                 | estate taxes                          |                        |   |                       | 4a. \$       |                   | 0.00   |
|         |                            | rty, homeowner's                      | s. or renter           | 's insurance  |                       | 4a. \$       |                   | 0.00   |
|         |                            | •                                     |                        | upkeep expenses   |                       | 4c. \$       |                   | 50.00  |
|         | 4d. Home                   | owner's associa                       | tion or con            | dominium dues   |                       | 4d. \$       |                   | 0.00   |
| 5.      | Additional r               | nortgage payme                        | ents for yo            | our residence, such as ho                                   | ome equity loans      | 5. \$        |                   | 0.00   |

# Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 35 of 59

| Debtor 1 _                               | Edgar Aranda   | Case num | ber (if known) |  |
|--|--|----------|----------------|--|
| 6. <b>Utilitie</b>                       | e·   |          |                |  |
|  | s:<br>Electricity, heat, natural gas   | 6a.      | \$             | 110.00   |
|  | Nater, sewer, garbage collection   | 6b.      | · ·            | 0.00   |
|  | Felephone, cell phone, Internet, satellite, and cable services   | 6c.      | ·              | 0.00   |
|  |  |          | · ·            |  |
|  | Other. Specify: Cable  | 6d.      | Φ              | 100.00   |
| _  | Cell phones  |          | \$             | 200.00   |
|  | nternet  |          | \$             | 60.00  |
|  | and housekeeping supplies  | 7.       |                | 600.00   |
|  | are and children's education costs   | 8.       |                | 0.00   |
|  | ng, laundry, and dry cleaning  | 9.       | \$             | 180.00   |
|  | nal care products and services   | 10.      | \$             | 100.00   |
| 1. Medica                                | al and dental expenses   | 11.      | \$             | 30.00  |
|  | portation. Include gas, maintenance, bus or train fare.  | 40       | Φ.             | 200.00   |
|  | include car payments.  | 12.      |                | 300.00   |
|  | ainment, clubs, recreation, newspapers, magazines, and books   | 13.      | · -            | 0.00   |
| 1. Charita                               | able contributions and religious donations   | 14.      | \$             | 0.00   |
| 5. <b>Insura</b>                         |  |          |                |  |
|  | include insurance deducted from your pay or included in lines 4 or 20.   |          | •              |  |
|  | Life insurance   | 15a.     |                | 0.00   |
|  | Health insurance   | 15b.     | *              | 0.00   |
|  | /ehicle insurance  | 15c.     | ·              | 0.00   |
|  | Other insurance. Specify:  | 15d.     | \$             | 0.00   |
| <ol><li>Taxes.</li><li>Specify</li></ol> | Do not include taxes deducted from your pay or included in lines 4 or 20.  | 16.      | \$             | 0.00   |
|  | ment or lease payments:  |          |                |  |
|  | Car payments for Vehicle 1   | 17a.     | \$             | 0.00   |
| 17b. (                                   | Car payments for Vehicle 2   | 17b.     | \$             | 0.00   |
| 17c. (                                   | Other. Specify:  | 17c.     | \$             | 0.00   |
| 17d. (                                   | Other. Specify:  | 17d.     | \$             | 0.00   |
| 3. Your p                                | ayments of alimony, maintenance, and support that you did not report as  |          | _              | 2.00   |
| deduc                                    | ted from your pay on line 5, Schedule I, Your Income (Official Form 1061).   | 18.      | \$             | 0.00   |
|  | payments you make to support others who do not live with you.  |          | \$             | 0.00   |
| Specify                                  |  | 19.      |                |  |
|  | real property expenses not included in lines 4 or 5 of this form or on School  |          |                |  |
|  | Mortgages on other property  | 20a.     | · -            | 0.00   |
|  | Real estate taxes  | 20b.     |                | 0.00   |
|  | Property, homeowner's, or renter's insurance   | 20c.     |                | 0.00   |
|  | Maintenance, repair, and upkeep expenses   | 20d.     | \$             | 0.00   |
| 20e. I                                   | Homeowner's association or condominium dues  | 20e.     | \$             | 0.00   |
| . Other:                                 | Specify:   | 21.      | +\$            | 0.00   |
| 2. Calcul                                | ate your monthly expenses  |          |                |  |
| 22a. A                                   | dd lines 4 through 21.   |          | \$             | 2,230.00                                       |
|  | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |          | \$             | <u>,                                      </u> |
|  | dd line 22a and 22b. The result is your monthly expenses.  |          | \$             | 2,230.00                                       |
| 3 Calcul                                 | ate your monthly net income.   |          |                |  |
|  | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.     | \$             | 2 550 00                                       |
|  |  |          | · -            | 2,550.00                                       |
| ∠3D. (                                   | Copy your monthly expenses from line 22c above.  | 23b.     | - <b>Ф</b>     | 2,230.00                                       |
|  | Subtract your monthly expenses from your monthly income.   | 220      | \$             | 320.00   |
|  | The result is your <i>monthly net income</i> .   | 23c.     | \$             | 320.00   |
| For exame modification                   | expect an increase or decrease in your expenses within the year after you mple, do you expect to finish paying for your car loan within the year or do you expect your nation to the terms of your mortgage? |          |                | or decrease because of a                       |
| ■ No.                                    |  |          |                |  |
| ☐ Yes                                    | . Explain here:  |          |                |  |

# Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 36 of 59

| Fill in this                  | information to identify you                              | r case:                    |                          |   |   |
|-------------------------------|--|----------------------------|--------------------------|---|---|
|                               |  | r case.                    |                          |   |   |
| Debtor 1                      | Edgar Aranda First Name                                  | Middle Name                | Last Name                |   |   |
| Debtor 2<br>(Spouse if, filin | ng) First Name   | Middle Name                | Last Name                |   |   |
| United Stat                   | tes Bankruptcy Court for the:                            | NORTHERN DISTRICT          | OF ILLINOIS              |   |   |
| Case numb<br>(if known)       | per  |                            |                          |   | ☐ Check if this is an amended filing                |
|                               | Form 106Dec  |                            |                          |   |   |
| Decla                         | ration About   | an Individual              | <b>Debtor's So</b>       | chedules  | 12/15   |
|                               | oth. 18 U.S.C. §§ 152, 1341,                             |                            | rupicy case can resul    | t in fines up to \$250,                                   | 000, or imprisonment for up to 20                   |
| Did yo                        | ou pay or agree to pay som                               | eone who is NOT an attor   | ney to help you fill out | bankruptcy forms?   |   |
| <b>■</b> N                    | No   |                            |                          |   |   |
|                               | es. Name of person                                       |                            |                          | Attach <i>Bankruptcy Pet</i><br>and Signature (Official F | ition Preparer's Notice, Declaration,<br>Form 119). |
|                               | penalty of perjury, I declar<br>ey are true and correct. | e that I have read the sum | mary and schedules fi    | iled with this declara                                    | tion and  |
| X /s                          | / Edgar Aranda   |                            | X                        |   |   |
| E                             | dgar Aranda<br>gnature of Debtor 1                       |                            | Signature                | of Debtor 2   |   |

Date

Date **January 5, 2016** 

# Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 37 of 59

| No   |             |                             |  |                                  |                               |                              |                  |  |  |  |  |
|--|-------------|-----------------------------|--|----------------------------------|-------------------------------|------------------------------|------------------|--|--|--|--|
| Debtor 2 First Name   Mode Name   Last Name  | Fill in     | this inform                 | ation to identify you  | r case:                          |                               |                              |                  |  |  |  |  |
| Debtor 2   Pries Name   Medic Name   Last Name   Debtor 2   Pries Name   Debtor 2   Pries Name   Debtor 3   Pries Name   Debtor 4   Pries Name   Debtor 5   Pries Name   Debtor 6   Pries Northern District OF ItLINOIS  | Debto       | or 1                        |  | Middle Nove                      | Loot Name                     |                              |                  |  |  |  |  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number   C | Debto       | or 2                        | First Name   | Middle Name                      | Last Name                     |                              |                  |  |  |  |  |
| Case number   Check it this is an amended filing   Check it this is an amended filing    Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy   12/13  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), nawer every question.  Partition Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?    Married   Not married   No |             |                             | First Name   | Middle Name                      | Last Name                     |                              |                  |  |  |  |  |
| Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  12/11  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?    Married   Not marri | Unite       | d States Banl               | cruptcy Court for the:   | NORTHERN DISTRICT C              | OF ILLINOIS                   |                              |                  |  |  |  |  |
| Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  12/11  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?    Married   Not marri | Case        | number                      |  |                                  |                               |                              |                  |  |  |  |  |
| Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  12/13  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before    Married  |             |                             |  |                                  |                               |                              |                  |  |  |  |  |
| Be as complete and accurate as possible. If wo married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   Give Details About Your Marital Status and Where You Lived Before  |             |                             |  |                                  |                               | a                            | mended filing    |  |  |  |  |
| Be as complete and accurate as possible. If wo married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   Give Details About Your Marital Status and Where You Lived Before  | Oπ:         | aial Eam                    | 407  |                                  |                               |                              |                  |  |  |  |  |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:  |             |                             |  | Affaina fan Individ              | luala Filima fan D            |                              |                  |  |  |  |  |
| information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   Give Details About Your Marital Status and Where You Lived Before  |             |                             |  |                                  |                               |                              |                  |  |  |  |  |
| Married   Not    |             |                             |  |                                  |                               |                              |                  |  |  |  |  |
| What is your current marital status?   |             |                             |  |                                  | this form. On the top of all  | y additional pages, write yo | ur name and case |  |  |  |  |
| Married  | Part '      | Give De                     | tails About Your Ma  | arital Status and Where You      | Lived Before                  |                              |                  |  |  |  |  |
| Married  | 1. V        | Vhat is your                | current marital statu  | ıs?                              |                               |                              |                  |  |  |  |  |
| Not married  2. During the last 3 years, have you lived anywhere other than where you live now?    No  | _           | _                           | ourrent maritar state  |                                  |                               |                              |                  |  |  |  |  |
| 2. During the last 3 years, have you lived anywhere other than where you live now?    No   Yes. List all of the places you lived in the last 3 years. Do not include where you live now.    Debtor 1 Prior Address:   Dates Debtor 1   Debtor 2 Prior Address:   Dates Debtor 2   lived there   3154 S. Ridgeway   From-To:   Same as Debtor 1   Same as Debtor 1   Same as Debtor 1   Same as Debtor 1   From-To:   Same as Debtor 1   Same as Debtor 2   Same as Debtor 3   Same as Debtor 4   Same as Debtor 3   Same as Debtor 4   Same as | L           | _                           |  |                                  |                               |                              |                  |  |  |  |  |
| No   |             | ■ Not marri                 | ea   |                                  |                               |                              |                  |  |  |  |  |
| Pebtor 1 Prior Address:  Dates Debtor 1  lived there  3154 S. Ridgeway Chicago, IL 60623  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2  Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1  Sources of income Check all that apply.  Gross income (before deductions and exclusions)  Wages, commissions, bonuses, tips  Wages, commissions, bonuses, tips  Debtor 1  Wages, commissions, bonuses, tips  | 2. D        | ouring the las              | the last 3 years, have you lived anywhere other than where you live now? |                                  |                               |                              |                  |  |  |  |  |
| Debtor 1 Prior Address:    Dates Debtor 1   Ilved there    |             | ] No                        |  |                                  |                               |                              |                  |  |  |  |  |
| lived there   Same as Debtor 1   |             | Yes. List                   | all of the places you  | lived in the last 3 years. Do no | ot include where you live nov | V.                           |                  |  |  |  |  |
| Chicago, IL 60623  1996 - 2013  From-To:  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income (before deductions and exclusions)  For last calendar year: (January 1 to December 31, 2015)  Wages, commissions, bonuses, tips  | I           | Debtor 1 Pric               | or Address:  |                                  | Debtor 2 Prior Ad             | dress:                       |                  |  |  |  |  |
| States and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income (before deductions and exclusions)  For last calendar year: (January 1 to December 31, 2015)  Wages, commissions, bonuses, tips   |             |                             | • •  |                                  | ☐ Same as Debtor              |                              |                  |  |  |  |  |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No Pebtor 1 Sources of income Check all that apply.  For last calendar year: (January 1 to December 31, 2015)  For last calendar year: (January 1 to December 31, 2015)  For last calendar year: (January 1 to December 31, 2015)  For last calendar year: (January 1 to December 31, 2015)   | states<br>• | and territorie  No Yes. Mak | s include Arizona, Ca  | alifornia, Idaho, Louisiana, Ne  | vada, New Mexico, Puerto R    |                              |                  |  |  |  |  |
| Tes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  For last calendar year: (January 1 to December 31, 2015)  Debtor 2 Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  Sources of income (before deductions and exclusions)  Wages, commissions, bonuses, tips  \$29,544.00  Wages, commissions, bonuses, tips   | F           | ill in the total            | amount of income yo  | ou received from all jobs and    | all businesses, including par | -time activities.            | ndar years?      |  |  |  |  |
| Debtor 1 Sources of income Check all that apply.  For last calendar year: (January 1 to December 31, 2015)  Debtor 2 Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  Check all that apply.  Gross income (before deductions and exclusions)  Wages, commissions, bonuses, tips  |             | ] No                        |  |                                  |                               |                              |                  |  |  |  |  |
| Sources of income Check all that apply.  Gross income (before deductions and exclusions)  For last calendar year: (January 1 to December 31, 2015)  Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$29,544.00   |             | Yes. Fill i                 | n the details.   |                                  |                               |                              |                  |  |  |  |  |
| Sources of income Check all that apply.  Gross income (before deductions and exclusions)  For last calendar year: (January 1 to December 31, 2015)  Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$29,544.00   |             |                             |  | Debtor 1                         |                               | Debtor 2                     |                  |  |  |  |  |
| exclusions)  For last calendar year: (January 1 to December 31, 2015)  Wages, commissions, bonuses, tips  Wages, commissions, bonuses, tips  To a minimum to be exclusions)  To a minimum to bonuses, tips   |             |                             |  | Sources of income                | Gross income                  | Sources of income            | Gross income     |  |  |  |  |
| (January 1 to December 31, 2015)  Wages, commissions, bonuses, tips  |             |                             |  | Check all that apply.            | •                             | Check all that apply.        | `                |  |  |  |  |
| ☐ Operating a business ☐ Operating a business  |             |                             |  |                                  | \$29,544.00                   |                              |                  |  |  |  |  |
|  |             |                             |  | ☐ Operating a business           |                               | ☐ Operating a business       |                  |  |  |  |  |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document

Page 38 of 59
Case number (if known) Debtor 1 Edgar Aranda

|  |                             |   |                | Deliterat   |   | D.L. 2                 |                                     |   |  |
|--|-----------------------------|---|----------------|---|---|------------------------|-------------------------------------|---|--|
|  |                             |   |                | Debtor 1  |   | Debtor 2               |                                     |   |  |
|  |                             |   |                | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of inc         |                                     | Gross income<br>(before deductions<br>and exclusions) |  |
| For the calendar year before that: (January 1 to December 31, 2014)  |                             | ■ Wages, commissions, bonuses, tips       | \$28,016.0     | <b>0</b> ☐ Wages, cor bonuses, tips   | nmissions,  |                        |                                     |   |  |
|  |                             |   |                | ☐ Operating a business  |   | ☐ Operating a          | business                            |   |  |
|  | or the calen<br>anuary 1 to | dar year:<br>December                     | 31, 2013 )     | ■ Wages, commissions, bonuses, tips   |   |                        | ☐ Wages, commissions, bonuses, tips |   |  |
|  |                             |   |                | ☐ Operating a business  |   | ☐ Operating a          | ☐ Operating a business              |   |  |
|  | gambling List each  No      | and lottery                               | winnings. If y | enefit payments; pensions; rerou are filing a joint case and y come from each source separa  Debtor 1  Sources of income          | ou have income that you                               | received together, lis | et it only once                     |   |  |
|  |                             |   |                | Describe below  | (before deductions and exclusions)                    |                        |                                     | (before deductions and exclusions)                    |  |
| Pa   | rt 3: Lis                   | t Certain Pa                              | ayments You    | u Made Before You Filed for   | Bankruptcy  |                        |                                     |   |  |
| 6.   | Are eithe ☐ No.             | Neither D                                 | ebtor 1 nor    | 2's debts primarily consume<br>Debtor 2 has primarily consuments<br>a personal, family, or househo                                | u <mark>mer debts.</mark> Consumer d                  | lebts are defined in 1 | 1 U.S.C. § 1                        | 01(8) as "incurred by an                              |  |
| During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?  □ No. Go to line 7. |                             |   |                |   |   |                        |                                     |   |  |
|  |                             | ☐ Yes  * Subject                          | paid that c    | each creditor to whom you pa<br>reditor. Do not include paymer<br>payments to an attorney for t<br>nt on 4/01/16 and every 3 year | nts for domestic support on his bankruptcy case.      | obligations, such as o | child support                       | and alimony. Also, do                                 |  |
|  | Yes.                        |   |                | or both have primarily consu  |   | total of \$600 or more | 9?                                  |   |  |
|  |                             | □ No.                                     | Go to line     | 7.  |   |                        |                                     |   |  |
|  |                             | ■ Yes                                     | include pa     | each creditor to whom you pa<br>yments for domestic support o<br>y for this bankruptcy case.                                      |   |                        |                                     |   |  |
|  | Creditor                    | 's Name an                                | d Address      | Dates of payme  | ent Total amount paid                                 |                        | Was this                            | payment for   |  |
|  | 1 Corpo                     | l Colo/dov<br>orate Dr Si<br>urich, IL 60 | te 360         | Monthly   | \$500.00  |                        |                                     |   |  |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document

Page 39 of 59
Case number (if known) Debtor 1 Edgar Aranda

| 7.  | Within 1 year before you filed for bankruptor Insiders include your relatives; any general participations of which you are an officer, direct including one for a business you operate as a support and alimony.  | rtners; relatives of any ger<br>tor, person in control, or ov | neral partners; partner<br>wner of 20% or more | erships of which ye of their voting se | ou are a gener<br>curities; and a | al partner;<br>ny managing agent, |
|-----|---|---|--|--|-----------------------------------|-----------------------------------|
|     | ■ No  |   |  |  |                                   |                                   |
|     | ☐ Yes. List all payments to an insider  |   |  |  |                                   |                                   |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                              | Amount you still owe                   | Reason for                        | this payment                      |
| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos  |   | ments or transfer a                            | any property on                        | account of a d                    | lebt that benefited an            |
|     | No  | igned by an insider.  |  |  |                                   |                                   |
|     | ☐ Yes. List all payments to an insider  |   |  |  |                                   |                                   |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                              | Amount you still owe                   | Reason for Include cred           | this payment<br>ditor's name      |
| Pai | rt 4: Identify Legal Actions, Repossession  | s, and Foreclosures   |  |  |                                   |                                   |
| 9.  | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   |   |  |  |                                   |                                   |
|     | Case title Case number  | Nature of the case  | Court or agency                                |  | Status of th                      | ne case                           |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  ■ No □ Yes. Fill in the information below.   |   | erty repossessed, f                            | oreclosed, garn                        | ished, attache                    | d, seized, or levied?             |
|     | Creditor Name and Address   | Describe the Property   |  | Date                                   | 1                                 | Value of the                      |
|     |   | Explain what happened   | d  |  |                                   | property                          |
| 11. | <ul> <li>Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |  |  |                                   |                                   |
|     | Creditor Name and Address   | Describe the action the                                       | e creditor took                                | Date<br>take                           | action was                        | Amount                            |
| 12. | Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a  No Yes  | cy, was any of your proponother official?                     | erty in the possess                            | ion of an assign                       | ee for the ben                    | efit of creditors, a              |
|     | tt 5: List Certain Gifts and Contributions  |   |  |  |                                   |                                   |
| 13. | Within 2 years before you filed for bankrup  No   | tcy, did you give any gift                                    | s with a total value                           | of more than \$6                       | 600 per persor                    | 1?                                |
|     | ☐ Yes. Fill in the details for each gift.   |   |  |  |                                   |                                   |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts  |  | Date<br>the (                          | es you gave<br>gifts              | Value                             |
|     | Person to Whom You Gave the Gift and Address:   |   |  |  |                                   |                                   |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 40 of 59

| Deb  | tor 1 Edgar Aranda   |               |                                     | ————  | Case number (   | if known)                               |                           |
|------|--|---------------|-------------------------------------|---|-----------------|---|---------------------------|
|      | Within 2 years before you filed for ba ■ No □ Yes. Fill in the details for each gift   |               |                                     | ifts or contributio                                   | ons with a tota | l value of more tha                     | n \$600 to any charity    |
|      | Gifts or contributions to charities the<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP                     |               | Describe what y                     | ou contributed  |                 | Dates you contributed                   | Value                     |
| Part | 16: List Certain Losses  |               |                                     |   |                 |   |                           |
|      | Within 1 year before you filed for bar disaster, or gambling?  | nkruptcy or s | since you filed fo                  | r bankruptcy, did                                     | you lose anyt   | hing because of the                     | eft, fire, other          |
|      | ■ No □ Yes. Fill in the details.   |               |                                     |   |                 |   |                           |
|      | Describe the property you lost and how the loss occurred   | Include t     | the amount that in insurance claims | coverage for the surance has paid. on line 33 of Sche | List            | Date of your loss                       | Value of property<br>lost |
| Part | 17: List Certain Payments or Trans   |               |                                     |   |                 |   |                           |
|      | Within 1 year before you filed for bar consulted about seeking bankruptcy Include any attorneys, bankruptcy petiti  No Yes, Fill in the details. | or preparing  | g a bankruptcy p                    | etition?  |                 |   |                           |
|      | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if N  | lot You       | Description and transferred         | value of any pro                                      | perty           | Date payment<br>or transfer was<br>made | Amount of payment         |
|      | Ledford, Wu & Borges, LLC<br>105 W. Madison<br>23rd Floor<br>Chicago, IL 60602<br>notice@billbusters.com   |               |                                     |   |                 | 10/2015 to<br>12/2015                   | \$500.00                  |
|      | CIN Legal Data Services<br>4540 Honeywell Ct<br>Dayton, OH 45424   |               |                                     | ged, multi-bure<br>counseling and<br>rses.            |                 | 12/2015                                 | \$50.00                   |
|      | Within 1 year before you filed for bar promised to help you deal with your Do not include any payment or transfer  No                            | creditors or  | to make paymen                      |   |                 | or transfer any prop                    | erty to anyone who        |

Description and value of any property transferred

☐ Yes. Fill in the details.

Person Who Was Paid

Address

Amount of

payment

Date payment or transfer was

made

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Page 41 of 59 Case number (if known) Document

Debtor 1 Edgar Aranda

| 18. | 8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |   |   |  |   |
|-----|---|---|---|--|---|
|     | Person Who Received Transfer Address  | Description and v   |   | Describe any property or payments received or debts paid in exchange | Date transfer was made                        |
|     | Person's relationship to you  |   |   | para iii ononange  |   |
|     | Emelio Aranda<br>5814 S. Kilbourn<br>Chicago, IL 60629<br>Debtor's Father   | Debtor and his Rene Aranda, are Tenants with Risurvivorship, training their Faither, Errasingle-family lat 5814 S. Kilbo IL 60629 with a value of \$159,25 encumbered by held by Mortgag Colo/Dovenmus amount of \$130 Debtor's share transferred: \$14 | s Joint ghts of ansferred to nelio Aranda, nome located urn, Chicago, total market 50 which was a mortgage ge Sol eh in the ,491. |  | 07/07/2014                                    |
| 19. | Within 10 years before you filed for bankr beneficiary? (These are often called asset-  No  Yes. Fill in the details.   |   | y property to a sel   | lf-settled trust or similar devi                                     | ce of which you are a                         |
|     | Name of trust   | Description and v   | alue of the proper  | ty transferred   | Date Transfer was made                        |
| Pai | List of Certain Financial Accounts, l   | Instruments, Safe Deposi  | t Boxes, and Stora  | ge Units   |   |
| 20. | Within 1 year before you filed for bankrup sold, moved, or transferred? Include checking, savings, money market houses, pension funds, cooperatives, ass  No Yes. Fill in the details.  | , or other financial accou  | nts; certificates of  | •  |   |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number   | Type of account instrument  | or Date account was closed, sold, moved, or transferred              | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within cash, or other valuables?  No Yes. Fill in the details.   | 1 year before you filed for   | bankruptcy, any s   | safe deposit box or other dep  | ository for securities,                       |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)   |   | escribe the contents   | Do you still have it?                         |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Page 42 of 59 Case number (if known) Document

Debtor 1 Edgar Aranda

| 22. | Have you stored property in a storage unit or p  | place other than your home within   | 1 year before you filed for bankrupto  | y  |
|-----|--|---|--|--|
|     | ■ No □ Yes. Fill in the details.   |   |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code)   | Describe the contents  | Do you still have it?                                    |
| Pa  | rt 9: Identify Property You Hold or Control for  | r Someone Else  |  |  |
| 23. | Do you hold or control any property that some for someone.   | eone else owns? Include any prop  | erty you borrowed from, are storing fo   | or, or hold in trust                                     |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |   |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property  | Value  |
|     | Emilio Aranda<br>5814 Kilbourn Ave.<br>Chicago, IL 60629   | 5814 Kilbourn Ave.<br>Chicago, IL 60629   | 2007 Nissan Sentra owned and paid for by Debtor's father. currently financed.                | \$2,519.00   |
|     |  |   | value per kbb.com  |  |
| Rep | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these state own, operate, or utilize it, including disposation, operate, or utilize it, including disposation, and material means anything an environ hazardous material, pollutant, contaminant, or cort all notices, releases, and proceedings that you have any governmental unit notified you that you have a yes. Fill in the details. | or local statute or regulation conce<br>air, land, soil, surface water, grou<br>ubstances, wastes, or material.<br>is defined under any environmenta<br>al sites.<br>onmental law defines as a hazardo<br>r similar term.<br>you know about, regardless of wh<br>ou may be liable or potentially liab | al law, whether you now own, operate, us waste, hazardous substance, toxic en they occurred. | statutes or or utilize it or used substance, nental law? |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code)  | Environmental law, if you know it  | Date of notice   |
| 25. | Have you notified any governmental unit of an  ■ No □ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State a  | Environmental law, if you know it  | Date of notice   |
| 26. | Have you been a party in any judicial or admin  ■ No □ Yes. Fill in the details.   | nistrative proceeding under any en  | vironmental law? Include settlements   | and orders.  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case   | Status of the case                                       |
|     |  |   |  |  |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42

Document Page 43 of 59 Edgar Aranda ase number (if known) Debtor 1 Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. **Address** (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. /s/ Edgar Aranda Signature of Debtor 2

18 U.S.C. §§ 152, 1341, 1519, and 3571.

Edgar Aranda Signature of Debtor 1 Date January 5, 2016 Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney

and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - By agreement of the parties for prepetition and preconfirmation work, including consultation, drafting petition and plan, 341 meeting, negotiation with creditors, court hearings, amendments etc.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
  - (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
  - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:                                       | · F - · · · · · · · · · · · · · · · · · |
|---|---|
| Signed:                                     |   |
| /s/ Edgar Aranda                            | /s/ Lia Kasios                          |
| Edgar Aranda                                | Lia Kasios 6306292                      |
|   | Attorney for the Debtor(s)              |
| Debtor(s)                                   |   |
| Do not sign this agreement if the amounts a | re blank.                               |
|   | Local Bankruptcy Form 23c               |

Case 16-00173 Doc 1 Filed 01/05/16 Entered 01/05/16 15:12:42 Desc Main Document Page 53 of 59

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Illinois

| In re       | Edgar Aranda  |  | Case No.   |                                |         |
|-------------|---|--|--|--------------------------------|---------|
|             |   | Debtor(s)  | Chapter  | 13                             |         |
|             | DISCLOSURE OF COMP  | ENSATION OF ATTOR  | RNEY FOR D   | EBTOR(S)                       |         |
| C           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the five rendered on behalf of the debtor(s) in contemplation   | iling of the petition in bankruptcy,   | or agreed to be pai  | d to me, for services rendered | or to   |
|             | For legal services, I have agreed to accept   |  | \$   | 4,000.00                       |         |
|             | Prior to the filing of this statement I have received   | ed   | \$   | 500.00                         |         |
|             | Balance Due   |  | \$   | 3,500.00                       |         |
| 2. \$       | 310.00 of the filing fee has been paid.   |  |  |                                |         |
| 3. T        | The source of the compensation paid to me was:  |  |  |                                |         |
|             | ■ Debtor □ Other (specify):   |  |  |                                |         |
| 4. T        | The source of compensation to be paid to me is:   |  |  |                                |         |
|             | ■ Debtor □ Other (specify):   |  |  |                                |         |
| 5. <b>I</b> | ■ I have not agreed to share the above-disclosed con  | mpensation with any other person   | unless they are mer  | nbers and associates of my la  | w firm. |
| [           | ☐ I have agreed to share the above-disclosed compe copy of the agreement, together with a list of the i   |  |  |                                | 1. A    |
| 6. I        | In return for the above-disclosed fee, I have agreed to   | render legal service for all aspect  | s of the bankruptcy  | case, including:               |         |
| b<br>c      | <ul> <li>Analysis of the debtor's financial situation, and reference.</li> <li>Preparation and filing of any petition, schedules, sometimes.</li> <li>Representation of the debtor at the meeting of credit.</li> <li>[Other provisions as needed]</li> <li>Exemption planning; preparation and and filing of motions pursuant to 11 L</li> </ul> | tatement of affairs and plan which<br>litors and confirmation hearing, ar<br>filing of reaffirmation agreen  | may be required;<br>and any adjourned he<br>nents and applic | arings thereof;                |         |
| 7. B        | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any   |  |  | ry proceeding.                 |         |
|             |   | CERTIFICATION  |  |                                |         |
|             | certify that the foregoing is a complete statement of ankruptcy proceeding.   | any agreement or arrangement for   | payment to me for  | representation of the debtor(s | ) in    |
| Ja          | anuary 5, 2016  | /s/ Lia Kasios   |  |                                |         |
| Do          | ate   | Lia Kasios 63062 Signature of Attorne Ledford, Wu & Bo 105 W. Madison 23rd Floor Chicago, IL 60602 312-853-0200 Fa notice@billbuste Name of law firm | y<br>prges, LLC<br>2<br>x: 312-873-4693                      |                                |         |

105 W. Madison, 23rd Floor, Chicago, IL 60602

(312)853-0200 Fax: (312)873-4693

### ATTORNEY RETENTION CONTRACT

Client No-Responsible attorney: 1291 CARA signed? /Y ) N

| 1. Parties. In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means Ledford, Wu & Borges, LLC and its staff attorneys. This contract shall supersede any prior contracts and agreements between the parties to the extent of inconsistency. In the event of any inconsistency between this contract and a Court-Approved Retention Agreement, the latter shall prevail.   |
|---|
| 2. Services: Client retains Attorney for the following services:   Chapter 13 bankruptcy (debt adjustment)  |
| <ul> <li>3. Scope of Representation:</li> <li>(a) Attorney will counsel and represent Client-in all aspects of the above matter(s) for the fee specified in Paragraph 4 EXCEPT: (1) adversary proceedings; (2) post-discharge litigation; (3) appeals; (4) other (specify):</li> <li>(b) Attorney may agree, but is not obligated, to represent Client in the above excluded matters for an additional fee, to be agreed upon separately by the parties.</li> <li>4310 ff + 470 cn + 4500 ff = 4880 to file.</li> </ul>   |
| Legal fee: \$ \( \frac{1000000}{00000000000000000000000000000   |
| The legal fee covers the initial consultation and all subsequent work. The case may be closed if the fees are not-paid by the deadline. Additional legal fees may apply if the parties have entered into a Court-Approved Retention Agreement and such Agreement so authorizes, or if the case is converted from one chapter to another. Additional court costs may apply for amending a petition, list, schedule or statement post-filing or other reasons not due to Attorney's fault. NSF checks will be assessed a \$20 fee.  |
| 5. Initial Consultation. Client acknowledges that Attorney has explained the following (please initial):  The options of Chapter 7 and Chapter 13 and that Client has made the choice identified in Paragraph 2  The concepts of exemption, discharge and dischargeability, and pre-filing and post-filing procedures  The difference among various types of retainer and that Client has made the choice identified in Paragraph 4  A Chapter 13 plan will be submitted to the Court in good faith. The plan payment may have to increase if creditor claims come in higher than scheduled, creditors successfully argue that they are entitled to a higher interest rate, the Trustee successfully argues that the budgeted income is lower than actual income, the Trustee successfully argues that budgeted expenses are unreasonably high or the Court makes a finding that the plan is not the best effort you can make to repay your creditors.  TIME IS OF THE ESSENCE. Any delay on Client's part may disqualify Client for the type of relief elected or otherwise adversely affect Client's case. Attorney may not be able to file the case, or take other necessary actions, until all requested documents and/or information, including but not limited to a certificate of credit counseling, are received by Attorney  Other (specify):  Client understands that the advice given during the initial consultation is preliminary and based on the information available at the time, and |
| may change as the case is further analyzed, more facts discovered, or Client's circumstances or the law changed.  6. Client's Duties. Client agrees, during the course of representation, to:  (a) provide Attorney with full, accurate and timely information, financial and otherwise;  (b) follow Attorney's procedures and cooperate with Attorney in providing requested documents and information;  (c) promptly inform Attorney of any change of address, phone number, e-mail address or employment, or activation of military duty;  (d) inform Attorney before buying, selling, refinancing or transferring any real property in which Client has any interest, and before incurring any new debt, including but not limited to applying for an auto loan, personal loan, payday loan or title loan, applying for a credit card or line of credit, or using an existing credit card or line of credit; and  (e) promptly inform Attorney if Client becomes entitled to an inheritance, an asset as a result of a property settlement agreement with Client's spouse or a divorce decree, life insurance proceeds, or a monetary judgment, award or settlement.  |
| 7. Co-counsel. Client understands that more than one attorney may work on this case. Where necessary, Client agrees to employ outside counsel, at Attorney's expense, to work on this case, including: Kathleen W. Vaught, Kelly M. Johnson, David Carter, or Christina Banyon.   |
| 3. Termination. Client may discharge Attorney at any time, subject to payment of any fee owed for the services already rendered. Attorney may terminate the representation as permitted by the Illinois Rules of Professional Conduct and Local Bankruptcy Rules. Any flat fee for a pankruptcy case is advance payment for future services, becomes Attorney's property upon receipt, and is nonrefundable upon filing of the petition. In the event the representation is terminated by either party before filing and Client has paid Attorney more than \$300, Attorney will provide Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 4, and Client will reimburge Attorney for any expenses, including those that otherwise would be free of charge and sutherizes Attorney to combute of the services.  |

fee and any payment for expenses that have not been incurred towards the attorney's fee, subject to the requirements set forth herein.

### United States Bankruptcy Court Northern District of Illinois

| In re | Edgar Aranda  |                                  | Case No.                |  |  |
|-------|---|----------------------------------|-------------------------|--|--|
|       |   | Debtor(s)                        | Chapter 13              |  |  |
|       | VE  | ERIFICATION OF CREDITOR N        | MATRIX                  |  |  |
|       |   | Number o                         | Number of Creditors: 37 |  |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |                                  |                         |  |  |
| Date: | January 5, 2016   | /s/ Edgar Aranda<br>Edgar Aranda |                         |  |  |

Aargon Collection Agency 3025 West Sahara Ave Las Vegas, NV 89102

American General Financial/Springleaf Fi Springleaf Financial/Attn: Bankruptcy De Po Box 3251 Evansville, IN 47731

Avant Inc 640 N Lasalle St Chicago, IL 60654

Bby/cbna Po Box 6497 Sioux Falls, SD 57117

Best Buy C/O Arrow Financial Service 5996 W. Touhy Ave. Niles, IL 60714

Best Buy PO Box 80045 Salinas, CA 93912

Cap1/bstby 26525 N. Riverwoods Blvd. Mettawa, IL 60045

Cap1/mnrds Capital One Retail Services Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Capital One Bank PO Box 6492 Carol Stream, IL 60197-6492

Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Comenity Bank/express Po Box 182125 Columbus, OH 43218

Comenity Bank/Harlem Furniture Po Box 182125 Columbus, OH 43218

Comenity Bank/vctrssec Po Box 182125 Columbus, OH 43218

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Dsnb Macys Macys Bankruptcy Department Po Box 8053 Mason, OH 45040

Harlem Furniture PO Box 15523 Wilmington, DE 19850

JCPenny/GECRB PO Box 960090 Orlando, FL 32896 Menards P.O. Box 17602 Baltimore, MD 21297

Mtg Sol Colo/dovenmueh 1 Corporate Dr Ste 360 Lake Zurich, IL 60047

Peoples Gas 200 E Randolph St 20th Floor Chicago, IL 60601

Sams Club P.O. Box 981400 El Paso, TX 79998

Six Flags Great America Membership Hank Salemi, Park President 542 N. Route 21 Gurnee, IL 60031

Syncb/toysrus Attn: Bankrupty Po Box 103104 Roswell, GA 30076

Synchrony Bank/ JC Penneys Attn: Bankrupty Po Box 103104 Roswell, GA 30076

Synchrony Bank/Amazon Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Synchrony Bank/Pep Boys Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Synchrony Bank/Sams Attn: Bankruptcy Po Box 103104 Roswell, GA 30076 Synchrony Bank/Walmart Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

The Home Depot P.O. Box 105980 Dept. 51 Atlanta, GA 30353-5980

The Room Place P.O.Box 659704 San Antonio, TX 78265

Toys R Us P.O. Box 590 Montvale, NJ 07645-0590

Turner Acceptance Crp 5900 W Howard St Skokie, IL 60077

Victoria Secret PO Box 2036 Warren, MI 48090

WALMART
P.O. BOX 960023
ORLANDO, FL 32896